

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4651AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2010
NAME OF PROVIDER OR SUPPLIER CANYON HILLS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 10125 CANYON HILLS AVE LAS VEGAS, NV 89148		
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Y 000	<p>Initial Comments</p> <p>Surveyor: 15417</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of Bed Increase survey conducted at your facility on 1/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is currently licensed for a total of six (6) Residential Facility for Group beds: Category II beds. The facility is requesting licensure for one (1) additional Residential Facility for Group beds for elderly and disabled persons, Category II residents.</p> <p>The census at the time of the survey was seven (7) residents.</p> <p>There were no complaints investigated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 053 SS=G	<p>449.194(4) Administrator's Responsibilities-Complete Rec</p> <p>NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.</p>	Y 053		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 053	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 15417</p> <p>Based on record review and interview on 1/5/10, the facility failed to ensure records for 1 of 6 employees were complete and accurate.</p> <p>Findings include:</p> <p>Medication Management certificate for Employee #3 was falsified and verified by the medication management instructor. On the day of the survey, observed in Employee #3's file, was a medication management certificate (copy) that was issued on 3/14/09 to a person other than Employee #3. The surveyor observed a certificate that had a piece of paper taped over the original owners name and written over with Employee #3's name.</p> <p>Interview with the certificate issuer and trainer of the class, confirmed the medication management certificate was issued to someone other than Employee #3.</p> <p>Review of the class sign-in sheet and confirmation letter, sent by the instructor, revealed that Employee #3 was not present at the medication management class dated 3/14/09.</p> <p>Employee #3 stated that he was there and his certificate was authentic. Employee #3 could not provide any additional supporting documents that indicated Employee #3 had taken medication management training in the past. The employee could not produce the original medication management certificate.</p>	Y 053			

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Y 053	Continued From page 2 During the survey 4 of 6 residents at the facility was able to identify Employee #3 as the person that had administered their medications on the day of the survey and/or on days prior to the survey. Severity: 3 Scope: 1	Y 053		
Y 087 SS=G	449.199(3) Limitation on Number of Residents NAC 449.199 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation, interview and record review 1/15/10, the facility was over census. Findings include: The facility applied for a bed increase from 6 beds to 7 Residential Facility for Groups beds. On the day of the bed increase survey, the facility had seven (7) residents already admitted to the facility prior to having the bed increase approved by the Bureau. At the time of the survey, the facility was over census. Severity: 3 Scope: 1	Y 087		

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Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Surveyor: 15417</p> <p>Based on record review on 1/5/10, the facility failed to ensure 4 of 5 caregivers met background check requirements (Employee #2, #3, #4 and #5).</p> <p>Findings include:</p> <p>The file for Employee #2 (admitted 2/07) lacked documented evidence of a state background clearance.</p> <p>The file for Employees #3 (admitted 7/27/09), #4 (admitted 12/1/08) and #5 (admitted 8/15/09) lacked documented evidence of a FBI background clearance.</p> <p>Severity: 2 Scope: 3</p>	Y 105		
Y 106 SS=D	<p>449.200(2)(a) Personnel File - 1st aid & CPR</p> <p>NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,</p>	Y 106		

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Y 106	Continued From page 4 (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 15417 Based on interview and record review on 1/15/10, the facility failed to ensure that 1 of 5 caregivers had a current certificate indicating the caregiver was certified to perform first aid and cardiopulmonary resuscitation (Employee #2's card had expired on 12/09) Severity: 2 Scope: 1	Y 106		
Y 222 SS=E	449.213(2) Laundry-Linen - Adequate accommodations NAC 449.213 2. A residential facility that provides its own laundry and linen service shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation and interview on 1/15/10, the facility failed to ensure residents were	Y 222		

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Y 222	Continued From page 5 provided with clean adequate and proper washing and finishing of bed linen. Severity: 2 Scope: 2	Y 222		
Y 251 SS=D	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation and interviews on 1/5/10, the facility failed to ensure proper food temperatures were maintained for perishable foods. Findings include: The facility was observed storing a gallon of milk on the concrete floor in the garage. The milk was room temperature. Employee # 2 indicated the milk was left in the garage un-refrigerated from the previous day. Severity: 2 Scope: 1	Y 251		
Y 273 SS=E	449.2175(4) Service of Food - Special Diets	Y 273		

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Y 273	Continued From page 6 NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation and interview on 1/5/10, the facility failed to provide a diabetic diet to 2 of 7 residents ordered a special diet (Resident #3 and #5). Severity: 2 Scope: 2	Y 273		
Y 276 SS=F	449.2175(7) Nutrition and Service of Food NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. This Regulation is not met as evidenced by: Surveyor: 15417	Y 276		

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Y 276	Continued From page 7 Based on observation and interview on 1/5/10, the facility failed to provide nutritious meals and snacks between meals for 6 of 7 residents. Severity: 2 Scope: 3	Y 276			
Y 307 SS=F	449.218(6) Bedrooms - Beds and Bedding NAC 449.218 6. A separate bed with a comfortable and clean mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation on 1/5/10, the facility failed to ensure clean sheets were available for 4 of 7 beds. The sheets were observed dirty, stained, thin and some had holes. Severity: 2 Scope: 3	Y 307			
Y 411 SS=F	449.227(2) Accommodations for Residents NAC 449.227 A residential facility with a resident who uses a wheelchair or walker shall: 2. Have ramps to accommodate access to areas used by residents.	Y 411			

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Y 411	Continued From page 8 This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation on 1/5/10, the facility failed to ensure 3 of 5 exits did not have ramps to accommodate residents with wheelchairs or walkers. Severity: 2 Scope: 3	Y 411			
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review and interview on 1/5/10, the facility failed to ensure fire drills were performed monthly and a record of the test recorded and kept on file at the facility for the month of December 2009. Severity: 2 Scope: 1	Y 434			
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229	Y 435			

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Y 435	Continued From page 9 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observqation on 1/5/10, the facility failed to ensure 2 of 2 fire extinguishers had inspections tags. Severity: 1 Scope: 3	Y 435			
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 1/5/10, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (December 2009). Severity: 2 Scope: 1	Y 444			
Y 530 SS=F	449.260(1)(e) Activities for Residents	Y 530			

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Y 530	Continued From page 10 NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by: Surveyor: 15417 Based on interview and record review on 1/5/10, the facility failed to provide for the residents, at least 10 hours of weekly activities that were suited to their interest and capacities. Findings include: Interview with 2 of 7 residents indicated that they were not provided activities and they were often bored during the day. On the day of the survey, residents were observed in their rooms lying in bed watching television. The facility had an activity schedule available, but the listed activities were not provided to the residents. Employee #3 indicated that the facility had not provided activities to the residents for the past 2 weeks. Severity: 2 Scope: 3	Y 530			
Y 590 SS=G	449.268(1)(a) Resident Rights NAC 449.268 1. The administrator of a residential facility shall ensure that:	Y 590			

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Y 590	<p>Continued From page 11</p> <p>(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.</p> <p>This Regulation is not met as evidenced by: Surveyor: 15417</p> <p>Based on interview on 1/5/10, the facility failed to ensure 1 of 7 residents were not neglected by a member of the staff of the facility (Employee #2).</p> <p>Findings include:</p> <p>On the day of the survey, Resident #1 (alert & oriented) was observed with oily looking hair and wrinkled clothing.</p> <p>Resident #1 stated that she was in need of a shower and hair washing. She further indicated that the facility refused to assist the resident with a shower. In order for Resident #1 to get a shower, she had to wait for the availability of a family member to come to the facility. Resident #1 indicated that she has gone nearly 10 days without a shower.</p> <p>Interview with Employee #1's daughter on 1/5/10, indicated that Resident #1 is not showered until she visits the facility and showers the resident. She further stated that she does not mind assisting the resident but she would appreciate some help from the facility.</p> <p>Employee #2 indicated that she has not provided shower assistance to the resident, because the resident does not "talk nice" to her. Employee #2</p>	Y 590			

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Y 590	<p>Continued From page 12</p> <p>further confirmed that there was no available shower chair at the facility to accommodate the resident during showers.</p> <p>Review of the facility's admission agreement indicated that the facility would provide the resident with bathing and all activities of daily living (ADLS's).</p> <p>Severity: 3 Scope: 1</p>	Y 590			

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